



State of Indiana

FORM WH-4P

Revised 10/04

Annuitant's Request for State Income Tax Withholding

This form is voluntary. If you would like to have Indiana State Taxes withheld from your monthly benefit, please complete this form.

PLEASE USE BLACK INK ONLY

Member's Full Name (type or print)		Member's Social Security Number	
Member's Full Address (Number and street or rural route)		Member's TRF Number	
City	State	Zip Code	Member's Phone Number () -
I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount <u>each month</u> for Indiana State Tax Withholding:			\$
Member's Signature		Date of Member's Signature	
Should you have any questions regarding the tax status of your retirement, please consult a qualified tax professional.			